

NON-EMP

Maryland Capitol Police ID REQUEST FORM

Name (Print): LAST:F	IRST: MI: Date of Birth:
Agency / Employer:	Last four numbers of Social Security Number:
Division/Office:	Office Phone #:
Authorization (Sponsor Signature):	
Sponsor Print Name:	
Title:	
Billing Information for agency payment:	
Is the applicant, under Maryland law, permitted to carry a firearm?	Yes No No
If Yes, is it required for the applicant's work-related responsibilitie	es? Yes No If Yes, Permit #:
	"Except for official purposes and by authorized personnel, an individual on the property may dangerous or deadly weapons." Under COMAR 04.05.01.01A, "property means State public risdiction of the Department of General Services."
Non-Employee ID Card: New Damaged	Lost Transfer Name Change Renewal
money orders will be accepted and should be payable to: Dept.	00. Replacement cost of 2 nd lost card is \$100.00 3 rd lost \$250.00 only Checks or of General Services. CASH WILL NOT BE ACCEPTED. A photo ID, such as a Passport, or Current Military ID card must be shown to process this request.
Applicant Signature:	Date:
Signature authorizes release of information	n/background check.
For Office Use Only: Approved Disapproved	Reviewing Officers Signature
Approved Disapproved	Reviewing Officers Signature
Date of Request: Card #:	Inv. #
Agency Pay Check Money Order Amt	Document #:
Authorized Signature:	Date:
Authorited Classification	Data